Application or Docket Number

Effective October 1,2001 AVAILABLE COPY 200697

		CLAIMS A	S FILED - (Column					SMALL ENTITY TYPE		OTHER THAN			
TOTAL CLAIMS 13								RATE	FEE]	RATE	FEE	ł
FC)R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
TC	TAL CHARGE	ABLE CLAIMS	/ 5 minus 20=		• -0-			X\$ 9=		OR	X\$18=		•
INC	EPENDENT C	LAIMS	2 minus 3 =		. 20			X42=			X84=		ĺ
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT						 	OR			ł
* If the difference in column 1 is less than zero, enter "0" in column 2								+140=		OR	+280=	20121	
••			•		MININE Z		TOTAL		OR	TOTAL	740.00	l	
	C	L'AIMS AS A (Column 1)	MENDE	PAH - C (Colur			•	SMALL ENTITY		OR	OTHER THAN		
		CLAIMS		HIGH NUMI PREVIO	IEST IBER	PRESENT			ADDI- TIONAL		RATE	ADDI- TIONAL	ł
ΤA		REMAINING AFTER						RATE					
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Service of the servic									:	OR	+280=	••	
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AMENDMENT	Independent	. 3	Minus	***	<u>ス</u>	-	1 }			OR			
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۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							^~~~		OR	7072		ł
								+140=		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE										OR	TOTAL ADDIT, FEE		
***	f the "Highest Nu	mber Previously Pa	aid For IN TH	IS SPACE I	s less tha	n 3, enter "3."		-					1
<i>:</i> .	ne "Highest Nur	nber Previously Pai	u For (Total o	r ingebende	ent) is the	nignest numbe	91 10UI	ua nu me app	ropriate box	in col	umn I.		